

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

501

721

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 1-31-61

Rec'd
JH # 15030
\$100
1961

1010469

Instructions

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 5401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME: Kennerly, David L. M.
Last First MI

2. BUSINESS PHONE: 225-763-8500
Area Code and Phone Number

3. BUSINESS ADDRESS: 6767 Perkins Road, #100, Baton Rouge, LA 70808
Street and No. City State Zip

MAILING ADDRESS: 6767 Perkins Road, #100, Baton Rouge, LA 70808
Street and No. City State Zip

4. EMPLOYER: Louisiana State Medical Society

5. EMPLOYER'S ADDRESS: 6767 Perkins Road, #100, Baton Rouge, LA 70808
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name: Louisiana State Medical Society

Address: 6767 Perkins Road, #100, Baton Rouge, LA 70808

Business or purpose: Trade association for physicians

Does this person pay you? yes

If No, who pays you?

LOUISIANA STATE MEDICAL SOCIETY

HAND DELIVERED

LOBBYING REGISTRATION FORM

724

Lobbyist's Registration Number

2. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
3. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [I.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.

David L. Kammerly

Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY